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17302 U.S.PTO
10/721016

112103

**UTILITY
PATENT APPLICATION
TRANSMITTAL**
(Only for new nonprovisional applications under 37 CFR 1.53(b))

		Attorney Docket No.	DAMADIAN 3.0-080
		First Inventor	Raymond V. Damadian
Title	METHOD, APPARATUS, AND FACILITY FOR MAGNETIC RESONANCE IMAGING DUAL SCANNING		
		Express Mail Label No.	EV342608501US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		MS Patent Application ADDRESS TO:	
		Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 23] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8] (for continuation/divisional with Box 18 completed)</p> <p>5. Oath or Declaration [Total Sheets] (Newly executed (original or copy)) <ul style="list-style-type: none"> a. <input type="checkbox"/> b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). </p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>			
<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies </p>			
ACCOMPANYING APPLICATION PARTS <ul style="list-style-type: none"> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____ 			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

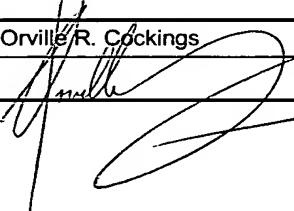
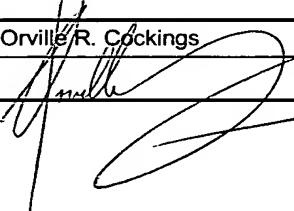
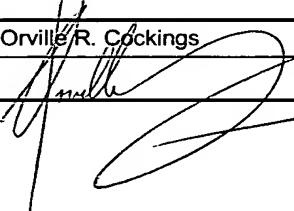
Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	000530	OR	<input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type)	Orville R. Cockings	Registration No. (Attorney/Agent)	42,424
Signature			Date November 21, 2003

<h1>FEE TRANSMITTAL</h1> <h2>for FY 2004</h2> <p><i>Effective 10/01/2003, Patent fees are subject to annual revision.</i></p>				Complaint if Known <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Filing Date</td> <td>Concurrently Herewith</td> </tr> <tr> <td>First Named Inventor</td> <td>Raymond V. Damadian</td> </tr> <tr> <td>Examiner Name</td> <td>Not Yet Assigned</td> </tr> <tr> <td>Art Unit</td> <td>N/A</td> </tr> <tr> <td>Attorney Docket No.</td> <td>DAMADIAN 3.0-080</td> </tr> </table>				Application Number	Not Yet Assigned	Filing Date	Concurrently Herewith	First Named Inventor	Raymond V. Damadian	Examiner Name	Not Yet Assigned	Art Unit	N/A	Attorney Docket No.	DAMADIAN 3.0-080																																																																																																																																																																																
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METHOD OF PAYMENT (check all that apply) <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 12-1095 Deposit Account Name: Lerner, David, Littenberg, Krumholz & Mentlik, LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account. </p>				FEE CALCULATION (continued)																																																																																																																																																																																															
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SUBMITTED BY (Complete if applicable) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Name (Print/Type)</td> <td>Orville R. Cockings</td> <td>Registration No. (Attorney/Agent)</td> <td>42,424</td> <td>Telephone</td> <td>(908) 518-6397</td> </tr> <tr> <td>Signature</td> <td colspan="3"></td> <td>Date</td> <td>November 21, 2003</td> </tr> </table>								Name (Print/Type)	Orville R. Cockings	Registration No. (Attorney/Agent)	42,424	Telephone	(908) 518-6397	Signature				Date	November 21, 2003																																																																																																																																																																																
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